HEARING SCREENING PROGRAM REPORT

PLEASE PRINT ALL AREAS OF THIS REPORT

NAME OF SCHOOL:							DISTRICT:			C	County:			
SCHOOL ADDRESS:						CITY:	ZIP CODE			DE:	PHONE #			
SCREENING PERFORMED BY:										gist License # School Year: 200		005-2006		
Report Completed by:							TITLE:					Date:		
EQUIPMENT CALIBRATION DATE:							OR Check here if ADF				IS Equipment was used □			
SCHOOL GRADES	Number of students enrolled	Number of students not screened (R9-13- 102C)	Number of students who received first screening	Number of students that did not pass first screening	Number of students that received second screening	students that did not pass second	Number of students evaluated by medical provider	Number of Students evaluated by audiologist		Number identified de or hard of hearing thi year	Number identified eaf deaf or hard of hearing in		COMMENTS	
Preschool		, ,												
Kindergarten														
First														
Second														
Sixth														
Ninth														
Special Ed. (not to be included in #s above)														
Others not included above (R9-13-102.A.2,														

Report Completion Guidelines:

- *** Screeners attach copies of training certificate to this report

 * Submit one report form for each school (Includes students enrolled throughout the school year)

 * All Special Education students must be screened annually. (This includes students over 16)

 * Ungraded student should be categorized by their age equivalent grade

COMPLETE AND SUBMIT THIS REPORT TO ADHS BY JUNE 30Th of the CURRENT SCHOOL YEAR

ADHS/OWCH SENSORY PROGRAM 150 North 18th Avenue, Suite 320 Phoenix, Arizona 85007-3242 602-364-1400 www.azdhs.gov/phs/owch/sensory.htm